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Reviewing Stand

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Can We Prevent Alcoholism?

A radio discussion over WGN and the Mutual Broadcasting System

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Broadcast continuously since 1934 by Northwestern University

Vol. 16, No. 21 June 24, 1951

THE REVIEWING STAND is a weekly radio forum presented by Northwestern University. The program was first broadcast by Station WGN, Chicago, October 14, 1934. It has been on the air continuously since that time, originating in the WGN studios, and, since 1935, carried by stations of the Mutual Broadcasting System. THE REVIEWING STAND presents members of the Northwestern University faculty and distinguished guests from business, government, education, and the press in round table discussions of contemporary problems—the questions that are in the news. The program is under the direction of James H. McBurney, Dean of the School of Speech, Northwestern University, and Miss Myrtle Stahl, Director of Educational Programs, WGN, Chicago.

The Northwestern University Reviewing Stand, published weekly beginning May 2, 1943, by the Offices of the Director of Radio (Public Relations), Northwestern University, Evanston, Illinois. Entered as second class matter at the Post Office, Evanston, Illinois, under the Act of March 3, 1875. Subscription price, $1.00 for 16 weeks, $2.00 for 32 weeks, $2.50 for one year. Single copies, ten cents.

Can We Prevent Alcoholism?

MR. MCBURNEY: Tell us, Dr. Carlson, what do you mean by alcoholism? How do you distinguish the social drinker, the alcoholic and the dipsomaniac?

DR. CARLSON: The social drinker is the individual who can take small amounts of liquor throughout his life without having to take enough to become drunk and injured. The alcoholic, on the other hand, and the dipsomaniac are people who when they start drinking chronically or periodically, take it to excess, to the injury of the individual, to the injury of their social responsibility and so forth and so on.

MR. MCBURNEY: Do you accept that analysis, Masserman?

'Social Definitions'

DR. MASSERMAN: Yes, but we must recognize these are social and cultural definitions with various degrees of bias. The alcoholic himself almost never considers himself chronic. Least of all does he consider himself a dipsomaniac. Incidentally, the technical term "dipsomaniac" refers to a chap who, once he starts taking a drink, cannot stop. He must continue to complete intoxication.

MR. MCBURNEY: How do you classify alcoholics in the Ivanhoe Sanitarium, Mapes?

MR. MAPES: Usually we don't have to classify them. Once they get there, whether they recognize it or not, they usually are alcoholics, but we don't try to tell them they are. We try to give them the facts of alcoholism and let them decide for themselves whether they are.

MR. MCBURNEY: Do you find different types of cases that you would care to mention?

MR. MAPES: Yes, we find different types. I don't suppose Dr. Carlson would agree with this. We find what we have classified as a "constitutional type" of alcoholic who has, since he was a young boy or very young man, upon any in-take of alcohol, exhibited all of these abnormal symptoms that some people in later years exhibit after many years of heavy drinking and stress and so forth. Then we occasionally get the person who is "a psychotic primarily and an alcoholic secondly."

I would like to say in connection with what Dr. Masserman said that usually when they are on the road to recovery, or after the light has dawned, they do call themselves alcoholics and do consider themselves alcoholics. Until that time arrives, they usually deny that.

Constitutional Type?

MR. MCBURNEY: Do you recognize this constitutional type, so-called?

DR. CARLSON: It is not established scientifically as yet. The story of the individual or the guesses of your colleagues up in the sanitarium, fifteen, twenty or thirty years after they started, that isn't science.

DR. MASSERMAN: I might say this. Constitutional predisposition is often too loosely applied to many other behavior difficulties. For instance, a neurotic would like to think of himself as born that way. A criminal would like to excuse himself on the basis of his constitution, and many another individual uses this sort of retrospective falsification to justify his own conduct. As a matter of fact, an alcoholic's report of his early experiences and in-take of alcohol may be quite inaccurate.

MR. MCBURNEY: Do you regard this

alcoholic addiction we are talking about as a sickness, Dr. Carlson?

DR. CARLSON: When once they are addicts or dipsomaniacs, they certainly are sick. Now, what started it, we don't know, but when they are in this state, they need the best of attention, analysis, and care of the best we know in medicine, including all the other services necessary to re-establish the individual in his social sphere.

MR. MCBURNEY: A good many people seem to regard alcoholism as a sin.

DR. CARLSON: That's the old view—traditional view. It hasn't gotten us anywhere; and that involves, of course, the definition of the term "sin."

MR. MCBURNEY: Of course, the problem does have moral implications, I take it.

Moral Implications

DR. CARLSON: Yes, maybe, but my point is that we don't know the causes or the particular defects in the individual that lead to addiction.

DR. MASSERMAN: A sin generally is defined as some contravention of religious precepts. A Moslem, for instance, would never take a drink. That is directly forbidden in his religion. But there are many religions that actually not only permit, but sometimes encourage, alcoholism as part of the ritual, so that when one talks about the term "sin," one must take a comparative viewpoint.

MR. MAPES: I would like to point out this. If it serves no other purpose, the conception of alcoholism as an illness does help a great deal to relieve the minds of patients who have been considering themselves as moral backsliders all the way along, and suddenly they discover they have a disorder and they aren't actually moral backsliders. It seems to raise a weight from their shoulders and their family's shoulders. It gives them something to get their teeth into.

DR. MASSERMAN: I agree with you. It should not be considered on moral grounds at all. I am a little troubled with the term "sickness" in alcoholism from a psychological standpoint for the same reason I was troubled about the term "constitutionality." These individuals, if they are permitted to think of themselves as subject to some kind of illness in the sense of an infection or an injury imposed upon them contrary to their own desires, develop a kind of alibi and a kind of passivity about it which is not good for their psychological orientation and not favorable to their therapy. I don't think it helps to call it a sickness in the usual sense any more than it helps to call it a sin.

MR. MCBURNEY: Do you think this problem is a serious one, Dr. Masserman? What is the incidence of alcoholism? By that I mean addiction.

DR. MASSERMAN: Again that depends on how you define it. I think I would agree with Dr. Carlson's definitions and in those terms, there are about forty million users of alcohol who occasionally use it to excess in this country alone.

MR. MCBURNEY: These are the social drinkers?

Social Drinkers

DR. MASSERMAN: They are social drinkers who occasionally indulge to excess. About five years ago it was estimated that about thirteen million of these were women. These are insurance statistics. Also, there are evidences that about 4 per cent of all time lost from work is due to alcoholic in-take. The F.B.I. estimates that about 2 per cent of the population in urban areas are arrested every year because of alcoholism. Banay thinks alcoholism is involved in more than a quarter of all instances of criminal behavior. Generally, it is conceded there are about two million intemperate drinkers in this country and that a sixth to a third of them are women who are *publicly* alcoholics.

MR. MCBURNEY: I was just going to ask Dr. Carlson who these addicts

are? You say there are two million that are seriously intemperate and constitute a very real problem. Who are these people anyway?

DR. CARLSON: They are men and women—more men than women, although the women's percentage is increasing—but it represents all phases of society—the ignorant, the poor; the men with inferior and women with inferior brains; men and women in wealth, in important positions and responsibility, superior education and brains. They represent the cross-section of society, at least, in the United States.

Cross Section of Society

MR. MCBURNEY: In other words, alcoholism is not very careful in selecting its victims.

DR. CARLSON: Not on the basis of what we know now.

MR. MCBURNEY: Is that your experience up there in Milwaukee, Mapes?

MR. MAPES: Absolutely. We had at one time a terrific cross section. We have had, for instance, a common laborer, a theologian, a lawyer and a doctor in our sanitarium at one time for treatment and one female at that same time who was a professor in one of the better known schools in the country.

DR. MASSERMAN: I think that is an important statement because if one visits state institutions or county hospitals, one may come to the false conclusion that only the economically deprived or mainly the economically deprived take to alcohol. Now, unfortunately, worry and stress and depression and discontent do not afflict just the economically deprived. They affect all classes, and a member of any social stratum can take to alcoholism as an escape. It is an universal problem.

DR. CARLSON: I agree with you 100 per cent. One can see that particularly in the large group now called "Alcoholics Anonymous." After they are over this unfortunate addiction or whatever you call it, they are not ordinary "skid row" people.

MR. MCBURNEY: This alcoholic society is a society for the help of addicts, right?

DR. CARLSON: That is correct. Every one has been an addict.

Factor of Culture

MR. MCBURNEY: You say this phenomenon is universal. Do you meet it in other countries? Is the incidence as high, let's say—well, in Sweden?

DR. CARLSON: The incidence is as high or higher apparently in the Scandinavian countries and in other Northern European countries as compared to other countries say along the Mediterranean. There is some difference depending on culture, possibly depending on strain, I mean the social—

MR. MCBURNEY: —stresses and strains.

DR. CARLSON: We don't know exactly, but certainly in Northern Europe as in the United States the incidence is high.

DR. MASSERMAN: Carlson, do you believe it might be correlated to this cultural fact, that in the Southern European countries wine drinking is taken as a matter of course, so that a person can have a moderate amount of alcohol? In many of the European countries, especially northern parts of Europe and in Scandinavia, wine drinking is not very common, so when alcoholism does occur, hard liquor is consumed. Also, when there is much legal restriction, there is more daring, more in-take, so actually alcoholism mounts in those countries.

DR. CARLSON: I wish I knew the answer, Dr. Masserman. There was once a superstition here in the United States that every native American Indian, every one, if he had access to alcoholic drinks, would become a drunkard.

MR. MCBURNEY: There is nothing to that you think?

DR. CARLSON: I don't think so, at least. I haven't gotten all the data

on the Navaho Indians in our Army, in our armed forces, in World War II, but so far as my information goes the incidence of alcoholism among those Indians was no greater than among the rest of the population.

Emotional Stress

MR. MAPES: I am inclined to agree with some of the authorities who have observed that the incidence of alcoholism is low among those peoples who take it as part of their diet, as part of their everyday life, and it is high among those who use it only for social purposes or for celebrating, which I think you will find in the Northern European countries. They don't drink it along with their meals. It isn't a ritual every day, three times a day. They don't become accustomed to it. When they are celebrating an occasion or have any emotional stress, they do use alcohol then. That has been observed by several authorities, and our findings in the sanitarium seem to bear that out.

MR. MCBURNEY: Dr. Masserman, what are the effects of alcohol?

DR. MASSERMAN: Alcohol burned in a test tube will produce about 6 calories per gram or about 200 calories per ounce. It can be burned in part in the body in a sense of saving food energy from other really nutritious foods like carbohydrates and proteins, but it deposits fat. However, it must be emphasized that alcohol is not a food in the usual sense, and is least of all a brain food. It cannot be utilized by the brain at all. A starving individual who takes a drink gets almost no brain energy whatsoever. With regard to its medicinal values, I think Dr. Carlson can comment best.

'Alcohol a Depressant'

DR. CARLSON: The primary action of alcohol on the nervous system is as a depressant.

MR. MCBURNEY: Some of the people who take it in excess don't act very depressed.

DR. CARLSON: They act like lunatics. The nervous system may be depressed and yet you may have a stupid dream. You see, it is a matter of relatively how you depress.

MR. MCBURNEY: The primary effect is depressive though?

DR. CARLSON: On the nervous system. Now, as part of that depression, if you take alcohol, a very small amount, there is a relaxation, neuromuscular relaxation, of the body, and that would be of some value medicinally, yes. But that is a small amount. In addition, there is a slight relaxation of the blood vessels which might be of some value in the case of high blood pressure. That's all, I would say.

MR. MCBURNEY: That doesn't sound like a very good case for it. Dr. Masserman!

DR. MASSERMAN: I think we might amplify what Dr. Carlson has said. Alcohol definitely poisons some of the vital enzymes necessary for brain function. Also, it poisons those that have to do especially with the higher mental functions, those requiring judgment and memory and distinction and finesse of control and so on. Later on, as it poisons the brain, it gets down to the really vital centers and so a seriously intoxicated person is in danger of his life. With regard to the dilation of the vessels or the increased flow of gastric juice or whatnot, such things can be produced by any stomach irritant. With regard to the relaxation, you can get that much relaxation from ether in small doses. Any sedative or anaesthetic administered has an action similar to the early stages of alcohol. Eventually, however, the alcoholic intoxication gets high enough in the brain—even if it drops down in the body tissues, and is eliminated from the body, it stays in the brain—and can then produce definitely poisonous effects.

Alcohol As Medication

MR. MCBURNEY: I would be inclined to sum up what you doctors have said this way: There is really no point in using alcohol on the grounds of medi-

cation. Is that a fair summary? It serves no very useful purposes as medication.

DR. MASSERMAN: In very moderate amounts there may be some medical indication for it as a mild but possibly dangerous sedative.

DR. CARLSON: I would add this to it; namely, in small amounts, like a glass of wine once a day or once every other in small amounts, no more than that, there is no evidence of injury, shortening of life or injury either to brain or life.

MR. MCBURNEY: What causes this problem of addiction, Dr. Carlson, these serious cases that take alcohol in excess?

DR. CARLSON: There are many answers, but no clear evidence. Many think it is a deficiency in some of the glands of internal secretion, a deficiency in the diet, some requiring more of some kind of vitamins than others. Some think it is psychological deficiency to start with. My main point is that we don't know all the factors sufficiently to establish a definite prevention technique.

MR. MCBURNEY: I was wondering to what extent it is caused by social and cultural factors, Masserman.

Causes

DR. MASSERMAN: Dr. Carlson speaks like a professor emeritus; he is very conservative and very exacting. I think his statement is true that we don't know all the causes of alcoholism, but we don't know all the causes of anything for that matter, considered comprehensively. But we do know this from personal experience and introspection: When we are more tense and troubled and depressed and seek some sort of an escape, once we have gotten into the habit or have had the experience that alcohol will dull our anxieties or remove our inhibitions temporarily, we are more inclined to take a drink than not. We do know this: In times of economic stress, of social stress, during war or especially in the readjustment after the war, alcoholic incidence does rise. In relation to the effects of stress we have shown in our laboratory that alcohol does disorganize complex behavior and if part of that complex behavior consists of the imposition of fears and anxieties and conflicts and doubts in the animal, and if that animal is then given alcohol the drug temporarily dissolves the fears and inhibitions. Finally, the animal may become an alcoholic addict in the sense he will prefer alcohol, having learned it abolishes or diminishes his tension and anxiety. So we do know this is one of the factors. Internal conflict, apprehension, anxiety, may lead to a need for alcohol ingestion as a way out.

DR. CARLSON: Yes, I agree with you, but only in *some* rats and *some* people not all of them. You agree to that?

DR. MASSERMAN: Exactly. It has to be a question of personal experience and personal proclivities.

'Abstain Completely'

MR. MAPES: May I go back a moment to something you said, Dr. Carlson. Dr. Carlson, would you not say it is true that once a man discovers he is an alcoholic addict and is on his way to recovery, it no longer applies that a small glass of wine might be of medicinal value to him or a small glass of whisky or beer? Must he not abstain completely once he finds he is a problem drinker or alcoholic if he desires recovery? He must abstain completely. He can't take any—even small quantities. Is that right?

DR. CARLSON: That is absolutely correct, and we don't know the answer to that either. Was that true ten or fifteen years ago when he started alcoholism, or is it a consequence of alcoholism—but when they once are alcoholics they virtually have to abstain completely.

MR. MCBURNEY: Do you think this social drinking to which you refer—I think you said there were some forty million social drinkers—leads to addiction?

DR. MASSERMAN: In those individuals

that have a personal proclivity, that is, a psychologic need for this kind of escape, yes. Now, some of the cultural and racial factors, for instance, were mentioned before. For instance, that Jews never seem to become chronic alcoholic addicts to nearly the extent as other racial groups. That doesn't mean they are personally very different; they were simply brought up in a tradition that excludes alcoholism as one form of escape. Instead they may develop neuroses more than any other group. There are some other cultural groups that take to alcoholism because it occurs in their particular environment. This simply means in terms of their own experience they have developed certain tendencies in behavior so that once they are exposed to social drinking, they take that particular form of a way out of their difficulties and then utilize it and abuse it to the extent of chronic alcoholism.

Habit Forming?

MR. MCBURNEY: Does this work like drugs such as cocaine? Is it habit forming? Do you establish a sort of a physiological craving or need for it?

DR. CARLSON: It is not habit forming in the strict biological sense that morphine and heroin and cocaine and so forth are. If it were, the percentage of alcoholics in society would be much higher. We have in America fifty million people who take it every week or every day without becoming addicts. You see the difference. We cannot say that either the taste or the effect is habit forming, except to the extent that as Masserman has shown, it depresses the nervous system and temporarily renders you unconscious of the troubles that face you. Some drinkers get pleasure out of a moderate state of inebriation. I should say on the basis of personal experience, I have had alcoholic drinks for sixty years, and I once had them medicinally because of an accident, an injury. I had to have morphine. Never have I gotten the kind of illusions out of alcohol that I got out of morphine.

DR. MASSERMAN: I think what Dr. Carlson refers to quite accurately is the fact there is no evidence for a real tissue craving for alcohol. A morphine addict deprived of his drug will show all sorts of physiologic disturbances like pallor, sweating, gastrointestinal disturbances and many other serious effects from the deprivation. But there is no evidence whatsoever that an alcoholic deprived of his alcohol is physiologically disturbed. He may be emotionally and psychologically very much in need of the drug, but physiologically his body does not crave it.

MR. MCBURNEY: Quite properly we have spent considerable time in analyzing the problem. You can't discuss prevention until you know something about the causes. The real question after all is: Can we prevent alcoholism? Can we?

'Reduce Incidence'

DR. CARLSON: Not as yet. We can reduce it. We know enough now so we could reduce its incidence, I think, and we can do something with the individual alcoholic in the way of a cure.

MR. MCBURNEY: Why don't we prohibit it by law?

DR. CARLSON: It can't be done. We have tried it.

MR. MCBURNEY: What do you think about it, Masserman?

DR. MASSERMAN: All a law can do is prevent public consumption of alcohol —not its private use. Certainly, as Dr. Carlson pointed out, it cannot prevent anybody making the stuff as long as there are the ingredients around to make it, and they are common enough. All a law can do is put people in jail, and that doesn't cure them, although a period of incarceration with rest and nursing care may become necessary; so I don't see how a law can do anything about either the causes or effects of alcohol.

MR. MCBURNEY: Apart from the prohibition law, with which this country has experimented, I don't think you can dismiss punitive measures in this

situation because a lot of these people do get into trouble. They are hazards on public highways, and sick or not sick, we have to be protected from them, don't we?

DR. MASSERMAN: Yes, sir, they have to be incarcerated at times for their own protection.

MR. MCBURNEY: Not only for their own protection, but for the protection of the rest of us.

DR. MASSERMAN: Yes, of course. Please note they are rarely punished for alcoholism. They are punished for getting into an automobile accident or other transgression—not alcoholism.

'Drunkenness Not Alcoholism'

MR. MAPES: I would like to point out that very little, if any, differentiation is made in the public mind between alcoholism and drunkenness. There are many accidents that are caused by drunkenness, by people who have been to a meeting or a class reunion or something, who in no sense could be considered alcoholics. They have merely taken too much alcohol.

MR. MCBURNEY: Not addicts.

MR. MAPES: But they get into automobile accidents. They get into fights, get into trouble. Our experience in the sanitarium has been that very few of our actual alcoholics get into that kind of trouble and get into accidents, that it is more the occasional drunk or just the drunk, and not the alcoholic, who has the personality disturbance and so forth. So there should be some differentiation made there between drunkenness and alcoholism.

MR. MCBURNEY: What kind of therapy do you recommend for these addicts, Dr. Carlson?

DR. CARLSON: If the addicts really want to get over their addiction, almost any kind of therapy, aversion therapy, religious and social aid like the Alcoholics Anonymous, succeeds with a high percentage of the patients. But this is very clear. Many of them have consequences injurious to their health, consequences of alcoholism requiring medical attention, psychologic, internal medicine, and all of them require some social service guidance.

DR. MASSERMAN: That question, how to prevent alcoholism, is like asking how do you prevent poverty or crime or war. It touches on vast social, economic and even political issues as well as ethical ones, and cannot be answered by three men sitting around a table. It is really a sweeping, world-wide social problem.

ANNOUNCER: Gentlemen, I am sorry, but our time is up.

Suggested Readings

Compiled by William Huff
and M. Helen Perkins, Reference Department,
Deering Library, Northwestern University

CARROLL, ROBERT S. *What Price Alcohol?* New York, Macmillan, 1941.

"A practical discussion of the causes and treatment of alcoholism" by the Medical Director of Highland Hospital, Asheville, North Carolina.

CLAPP, CHARLES, JR. *Drinking's Not the Problem.* New York, Crowell, 1949.

Written from the point of view of attempting to help and guide the potential alcoholic.

DONNELLY, GRANT LESTER. *Alcohol and the Habit-Forming Drugs.* Raleigh, N. C., Williams 1936.

GERBER, SAMUEL R. *Alcohol and Accidents.* Columbus, Ohio, School and College Service, 1947.

"A brief, authoritative discussion based upon a ten-year study of violent deaths in Cuyahoga County, Ohio."

HAGGARD, HOWARD W. and JELLINEK, E. M. *Alcohol Explored.* Garden City, N. Y., Doubleday, 1942.

A study of the problem of alcohol: its effect on the body, its relation to behavior, inebriety, diseases, and the outlook for the future.

HENDERSON, YANDELL. *A New Deal in Liquor; a Plea for Dilution.* Garden City, New York, Doubleday, 1934.

A history of the liquor problem in the United States, with conclusions and recommendations.

HIRSH, JOSEPH. *A Contemporary Educational and Social Source Book on Problems of Alcohol and Problem Drinking in U. S. for the Use of Teachers, School Administrators and Community Leaders.* Ann Arbor, University Microfilms, 1949. (Publication No. 1216)

HIRSH, JOSEPH. *The Problem Drinker.* New York, Duell [1949].

The value of research for more effective prevention of chronic inebriety. Preface by Professor Anton J. Carlson.

HURD, BESSIE C. *Facts on Alcoholic Research.* Michigan, The Michigan Women's Christian Temperance Union, 1948.

Statistical information on the problem of alcohol in connection with accidents, advertising, crime, divorce, delinquency, legislation, food, public expense and health, profits, and women.

JELLINEK, ELVIN MORTON. *Phases in the Drinking History of Alcoholics.* New Haven, Conn., Pub. for the Section of Studies on Alcohol by Hillhouse Press, 1946.

An "analysis of survey conducted by *The Grapevine*, official organ of Alcoholics Anonymous."

JELLINEK, ELVIN MORTON. *Recent Trends in Alcoholism and in Alcohol Consumption.* New Haven, Hillhouse Press, 1947.

Includes bibliographical footnotes.

McCARTHY, RAYMOND G. and DOUGLASS, EDGAR M. *Alcohol and Social Responsibility.* New York, Crowell and Yale Plan Clinic [1949].

"Prepared in response to thousands of requests to the Yale Plan on Alcoholism for an objective treatment of the problems of alcohol based on scientific fact," this book analyzes conflicting points of view and considers especially an educational approach.

National Forum Inc. *The Alcohol Problem Visualized.* 5th ed. rev., Chicago, The Forum, 1950.

The effects of alcohol on the human system and what various countries are doing about alcoholism. Pictographs included.

REED, MARY LEWIS. *Alcohol—Its Physiological and Psychological Effects and Their Social Consequences.* rev. ed., Lakeside Publishing Company, 1945.

A registered nurse points out the effects of alcohol on working efficiency.

Research Council on Problems of Alcohol Scientific Committee. *Alcohol Addiction and Chronic Alcoholism.* Edited by E. M. JELLINEK. New Haven, Yale University Press, 1942.

A discussion of the treatment of alcoholics for mental disorders, vitamin deficiencies, encephalopathies, nutrition deficiencies, marchiafava's disease and cirrhosis of the liver. Bibliographies are included.

SELIGER, ROBERT V. *It's Smarter Not to Drink.* Columbus, Ohio, School and College Service, 1949.

The Chief Psychiatrist of the Neuropsychiatric Institute of Baltimore considers social drinking, alcoholism and alcoholics.

WARNER, HARRY S. *Does Alcohol Aid Creative Ability?* Washington, D. C., The Intercollegiate Association for Study of the Alcohol Problem, n. d.

Shows that the belief that alcohol aids creative ability is one of costly misunderstanding.

National Education Association Journal 40:314, My., '51. "Enemy of Intelligence and Education."

A very brief list of 10 statistics to show the wasted resources used for liquor traffic rather than for educational purposes.

Quarterly Journal of Studies on Alcohol 11:547-561, Dec., '50. "Personality Traits and the Alcoholic." E. H. SUTHERLAND and OTHERS.

A comparative critique of existing studies.

Quarterly Journal of Studies on Alcohol 11:567-585, Dec., '50. "The National Committee on Alcoholism Annual Report—1950." Y. GARDNER.

The growing interest of government (federal, state, county and municipal) and of private agencies, in the prevention and treatment of alcoholism rather than in the use of punitive measures.

Saturday Evening Post 222:17-18+, Apr. 1, '50. "Drunkard's Best Friend." J. ALEXANDER.

The story of Alcoholics Anonymous and its work.

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